



## The Young Adult Club MEMBERSHIP REGISTRATION

This is a membership for the Young Adult Club at Charleston Transitional Facility. This information will remain strictly confidential. **This form must be completed in order to participate in ANY Young Adult Club activity.** Completed registration forms must be received three days prior to participation in any activities. You may mail to Charleston Transitional Facility at 689 Castle Drive, Charleston, Illinois 61920 along with the \$10 annual registration fee. Please contact Meagan Matthews at 217-348-3869 or by email at meaganmatthews@ctfillinois.org with any questions.

Participant's Contact Information:			
<b>Full Name: First, Middle initial, Last</b>	<b>Gender: (circle one)</b> Male    Female	<b>Date:</b>	
<b>School attending:</b>	<b>Graduation Date (if applicable):</b>		
<b>Participant E-mail Address:</b>	<b>Birth Date:</b>		
<b>This year I will be a:</b> ___ Freshman    ___ Sophomore    ___ Junior    ___ Senior    ___ N/A			
<b>Ethnicity: (circle all that apply)</b> African American    Asian    Caucasian    Hispanic/ Latino Caribbean    Middle Eastern    South Asian    Other: _____			
<b>Current Address:</b>		<b>Summer Address (if applicable):</b>	
Street _____		Street _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Home Phone # :(    )		Phone # :(    )	
Participant cell #: (    )			
<b>Parent/Guardian Name:</b> _____			
<b>Phone Number:</b> _____ <b>Alternate Phone #:</b> _____			
<b>Address:</b> _____			
<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____			
<b>Parent/Guardian Email:</b> _____			
Participant Information (Please Circle Response):			
1)	Is this your first year participating in the program?	YES	NO
2)	Do you have Allergies? If yes, please list _____ _____.	YES	NO
3)	Please list any medications:		
4)	List your favorite foods:		

5)	Dislikes (foods/activities): _____ _____
6)	Name five places you like to go have fun: _____ _____
<b>MEETING TIMES: We usually meet on weekends. You will be notified at least 5 days in advance with the details of the upcoming events.</b>	
<b>**All Participants: Please review the reverse side and sign at the bottom of the page**</b>	

Charleston Transitional Facility is a 501(c) (3) non-profit organization whose mission is to enhance the lives of people with intellectual disabilities by providing opportunities for one-to-one friendships and integrated employment. For more information about the Charleston Transitional Facility and The Autism Program please visit our website: [www.ctfillinois.org](http://www.ctfillinois.org).

**PARTICIPANT CONSENT**

I, \_\_\_\_\_, give consent to participate in Young Adult Club at  
(Print Name)

**Charleston Transitional Facility for the 2010-2011 year.**

- I give permission to be photographed and/or filmed at any activity, and I understand that any photograph or videotape may be used at the discretion of Young Adult Club at Charleston Transitional Facility for newsletters etc...
- Prior to the commencement of my participation, I will furnish Charleston Transitional Facility with any medical information that may be necessary in treating me in the case of an emergency.
- I consent to Young Adult Club at Charleston Transitional Facility use and the disclosure of such medical information to medical professionals that may need the information in order to treat me in the case of an emergency.

In consideration of the benefits and opportunities afforded to me through participation in the Young Adult Club at Charleston Transitional Facility, the undersigned participant states as follows:

1. I hereby agree to release Young Adult Club at Charleston Transitional Facility from any liability for any accident, injury, or illness suffered at, during, or in connection with any Young Adult Club at Charleston Transitional Facility, except for any accident, injury, or illness which results from gross misconduct by Young Adult Club at Charleston Transitional Facility, or its staff.
2. I authorize Young Adult Club at Charleston Transitional Facility, to obtain medical treatment in the event of injury or illness in connection with a Young Adult Club at Charleston Transitional Facility activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Young Adult Club at Charleston Transitional Facility, if I am riding in a private passenger automobile which is involved in an accident, I may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
4. If I am being transported in a commercial carrier or other leased or rented vehicles in connection with a Young Adult Club at Charleston Transitional Facility activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.

NOTE: The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with Young Adult Club at Charleston Transitional Facility activity.

\_\_\_\_\_  
**Participant Name (Please Print)**

\_\_\_\_\_  
**Signature of Participant** \_\_\_\_\_  
**Date**

<i>If the participant is under the age of 18 or a guardian signature is necessary, please sign below</i>	
_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>